

# Three Rivers Bernese Mountain Dog Club

## Questionnaire for Prospective Rescue Adoption Family

**Thank you for your interest in becoming an adoptive family with the TRBMDC rescue program. In order for an adoption to be successful, we need to make sure the appropriate match is made taking into consideration the needs of both the Berner and the adoptive family. Completion of this questionnaire will assist in our efforts to make sure Berners coming through our rescue program find their way into the best forever homes. Please answer the following questions completely and honestly. You will not be accepted or rejected as a possible placement solely on your answers in this questionnaire.**

**Name:**

Street Address:

City/State/Zip:

Email:

Occupation:

Home Phone:

Cell Phone:

1. Have you ever owned or personally met a Bernese Mountain Dog?

2. Why do you want a Bernese?

3. How did you learn about the breed?

4. Why have you decided on a Bernese from a rescue program?

5. Have you ever owned a dog before?

If yes what breed, age, how long owned, name of breeder, etc.

6. Do you currently have any dogs living with you?

If yes what breeds, ages, how old, neutered, etc.

How do you feel your dogs will accept a new dog?

7. Have you ever surrendered a pet to a rescue program, pound, shelter, or placed a pet you owned, in another home?

If yes, what were the circumstances of the placement?

8. Do you currently have any other pets living with you?

If yes, Please tell us about them.

Where did you get them?

What happened to them?

9. Please describe the characteristics of the ideal dog for you and your family.

10. Do you own or rent your home?

If you rent, is your landlord in agreement with you having a large dog on the premises?

11. Please describe the method you will use to restrain a dog on your property. Please include details (if fence, space size, height, material, etc.)

12. Where will your dog be kept during the day?

Night?

13. On average, how many hours will your dog be alone each day?

14. How many adults in household?

How many children and their ages?

Do they all want a Bernese?

15. How will you care for your Bernese when you are away overnight or on vacation?

16. Please indicate any preference you may have for a dog (sex, age, etc):

17. Would you be willing to adopt a Bernese with special needs i.e. older, needs surgery, needs medication, blind or deaf?

18. Would you be willing to adopt a Bernese with requiring special behavior training needs?

If yes, will you have time to attend training classes to achieve a rapport with a rescue dog to insure a successful placement?

What behavior problems do you consider intolerable?

19. Are you prepared to spend \$200 or more a year on heartworm preventative, flea control & vaccinations?

20. Are you prepared to deal with the often more expensive costs which can be associated with this breed's large size, i.e. medications, non-routine emergency care, orthopedic problems, cancers etc?

21. May we visit your home?

22. For reference purposes, please provide the name, address and phone number of the vet you are currently established with or have used in the past:

**Additional information you would like us to have, or questions you would like answered:**

***Thank you for your cooperation. This questionnaire helps us to try to place the right dog with the right family. Please return this form to the following address:*** Three Rivers Bernese Mountain Dog Club

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